



Los Angeles County  
Department of Regional Planning

Planning for the Challenges Ahead



LAND DIVISION APPLICATION

**PLEASE READ INSTRUCTIONS CAREFULLY.** The following information is necessary for all applications. Refer to the Land Division Application Checklist for a list of additional materials required for submittal. Failure to provide accurate and complete information and materials will delay review. Applications must be submitted in person by appointment only. Call (213) 974-6433 to schedule an appointment. Incomplete applications will not be accepted.

THIS SECTION - STAFF USE ONLY

Project No. PM073226 Permit No(s): \_\_\_\_\_

Map No. PM073226

CE? Y N CLASS: \_\_\_\_\_

ESHA / SEA? Y N ESHA / SEA: \_\_\_\_\_

CSD / TOD? Y N CSD / TOD: \_\_\_\_\_

Supv Dist: 1 2 3 Zoned \_\_\_\_\_

4 5 District(s): Soledad

Coastal? Y N Housing Permit? Y N Vesting? Y N Date: \_\_\_\_\_

Zone(s): C-RU-DP Plan: \_\_\_\_\_

1. Subject Property (Sujeto Propiedad)

ASSESSOR'S PARCEL NUMBER(s):

321-021-022

SUBJECT PROPERTY ADDRESS OR SITE LOCATION:

SIERRA Hwy, West of Crown Valley

2. Project Description (Descripción del Proyecto) Attach additional sheets if necessary.

SINGLE PARCEL OF 84,865 S.F. TO BE DIVIDED INTO 2 PARCELS  
PARCEL 1 = 49,482.7 S.F. PARCEL 2 = 35,382.7 S.F.

3. Owner(s) (Dueño/a Registrado)

NAME: <u>DUG GAUDI</u>	PHONE: <u>661-810-5671</u>
ADDRESS: <u>43233 55th ST. EAST</u>	FAX: _____
CITY / STATE: <u>LANCASHIRE CA</u>	ZIP: <u>93535</u>
E-MAIL: <u>dgaudi@aol.com</u>	

4. Subdivider (Solicitante) If different from owner

NAME: _____	PHONE: _____
ADDRESS: _____	FAX: _____
CITY / STATE: _____	ZIP: _____
E-MAIL: _____	

5. Contact (Contacto)

Who should be contacted regarding this project: ☐ Owner ☐ Subdivider ☒ Contact listed below

NAME: <u>ROBERT FRIEDMAN</u>	PHONE: <u>626 484 5251</u>
ADDRESS: <u>2059 E. FOOTHILL BLVD.</u>	FAX: _____
CITY / STATE: <u>PASADENA CA</u>	ZIP: <u>91107</u>
E-MAIL: <u>robert.friedmanarchitects.com</u>	

THIS SECTION - STAFF USE ONLY

Full SCM Reports only SCM Date: 9-15-16 DEPT OF REGIONAL PLANNING

Initial Revision No. 1 2 3 4 5 No. 1

Deemed Complete: No Yes, date \_\_\_\_\_ Reports due: 8-30-16

AUG 02 2016 REV.(REV RECD)

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**9. Project and Property Data (Datos del proyecto y propiedad)**

List existing Use(s), Structure(s), walls/fences with height.  
Indicate whether these are to be removed or to remain.

*VACANT PROPERTY*

Cubic yards of grading proposed:

Cut: *0* Fill: *0* Import: \_\_\_\_\_ Export: \_\_\_\_\_

☐ Balanced on-site

☐ No Grading proposed

Are there slopes of 25% or more within the project site?

☐ Yes (Slope Density Exhibit required)

☒ No

Are retaining walls proposed?

☐ Yes (wall cross-sections and heights required)

☒ No

Water Source:

☒ Public Water (source name) *County of L.A. Dist. 37*

☐ Private Well

☐ Private Shared Well (Shared Water Well application required)

Waste Disposal:

☐ Public Sewer ☒ Private Septic ☐ Treatment Facility

**10. Owner / Applicant Certification (Certificación del Dueño/Solicitante)**

By my signature below, I hereby certify the following:

- I understand that the BURDEN OF PROOF is on the applicant to substantiate the request.
- I understand there is no guarantee - expressed or implied - that any permit will be granted. I understand that each project must be carefully evaluated and after the evaluation has been conducted or the public hearing has been held, that staff's recommendation or decision may be revised to a different position.
- I understand that planning staff is not permitted to assist the applicant or opponents of the applicant in preparing arguments for or against a request.
- I understand that the environmental review associated with the submittal of this application is preliminary, and that after further evaluation, additional information, reports, studies, applications or fees may be required.
- I understand that submitting inaccurate or incomplete information may result in delays or denial of my application.
- I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
- I understand that if my application is denied, there is no refund of fees paid. Unused funds remaining within deposit accounts will be refunded upon written request.
- The fees required to be paid with this application submittal may not reflect the total fees required. You may be required to pay additional fees. You will be notified if additional fees are required: If you fail to pay fees as they are due, your application may be delayed and/or denied.
- I understand that all materials I submit to the Department of Regional Planning ("Department") in connection with my application may become public record subject to inspection and copying by members of the public. By filing an application, I acknowledge that I understand that the public may inspect and copy these materials and the information contained therein, and that some or all of the materials may be posted on the Department's website. For any materials that may be subject to copyright protection, or which may be subject to sections 5500.1 and 5536.4 of the California Business and Professions Code, by submitting such materials to the Department I represent that you have the authority to grant, and are granting, the Department permission to make the materials available to the public for inspection and copying, whether in hardcopy or electronic format.
- I understand that by signing this application, I consent and expressly allow, authorize, and permit the County of Los Angeles, its departments, agents, and employees (collectively, "County"), to enter upon and inspect the subject property(ies) identified herein, with or without prior notice, for the purposes of inspecting, photographing, and/or processing this application. No additional permission or consent to enter upon the property(ies) is necessary or shall be required. By signing this application, I further certify and warrant that I am authorized to, and hereby do, consent and allow such inspections on behalf of each and all owners of the property(ies) identified herein.
- I have read and understand the foregoing, and agree to the submittal of this application.

SIGNATURE (BLUE INK): *Douglas Gaudi*

DATE: *8-1-16*

PRINT NAME: *DOUGLAS GAUDI*

CHECK ONE: ☒ Owner ☐ Subdivider

**11. Oak Tree Certification (Certificación de Árboles Robles) (Pursuant to Chapter 22.56, Pt. 16)**

Check only one box below:

☒ By my signature below, I certify that there are no protected oak trees located on the subject property or located within 50 ft. of the proposed project site.

☐ By my signature below, I certify that project activity will not occur within the protected zone of an oak tree (five ft. of the drip line canopy or within 15 ft. of any oak tree trunk, whichever distance is greater). This applies to on and off-site oak trees. All oak tree dimensions, including trunk diameter and canopy, are accurately depicted on the plans and are drawn to an acceptable scale.

☐ By my signature below, I certify that project activity will occur within the protected zone of an oak tree (five ft. of the drip line canopy or within 15 ft. of an oak tree trunk) and that I have concurrently submitted an Oak Tree Permit application. All oak tree dimensions, including trunk diameter and canopy, are accurately depicted on the plans and drawn to an acceptable scale.

SIGNATURE (BLUE INK): *Robert A. Friedman*

DATE: *8-1-16*

PRINT NAME: *ROBERT A. FRIEDMAN*

CHECK ONE: ☐ Owner ☐ Subdivider

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**6. Project Table (Tabla del Proyecto)**

Use Type	Number of Lots	Number of Units	Acreage	Ownership Type (For condos, indicate new/conversion, attached/detached.)
<input type="checkbox"/> Single-family				
<input type="checkbox"/> Multi-family			1.95	
<input checked="" type="checkbox"/> Commercial	2	2	<del>8.7154</del>	INDIVIDUAL
<input type="checkbox"/> Industrial				
<input type="checkbox"/> Open Space		N/A		
<input type="checkbox"/> Park Lot		N/A		
<input type="checkbox"/> Public Facility		N/A		
<input type="checkbox"/> Water Tank		N/A		
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				
<b>TOTAL</b>				
<input type="checkbox"/> Remainder Lot		N/A		

**7. Entitlements (Derechos Solicitados) Select the entitlement(s) associated with the Land Division**

1. ☐ PLAN AMENDMENT: Area 1: From \_\_\_\_\_ To \_\_\_\_\_ Acres \_\_\_\_\_  
Area 2: From \_\_\_\_\_ To \_\_\_\_\_ Acres \_\_\_\_\_  
Area 3: From \_\_\_\_\_ To \_\_\_\_\_ Acres \_\_\_\_\_

2. ☐ ZONE CHANGE: Area 1: From \_\_\_\_\_ To \_\_\_\_\_ Acres \_\_\_\_\_  
Area 2: From \_\_\_\_\_ To \_\_\_\_\_ Acres \_\_\_\_\_  
Area 3: From \_\_\_\_\_ To \_\_\_\_\_ Acres \_\_\_\_\_

3. ☐ CONDITIONAL USE PERMIT:  
Check all uses requested and include within the CUP burden of proof.  
HILLSIDE MANAGEMENT ☐ NON-URBAN ☐ URBAN  
ON-SITE GRADING ☐ EXCEEDING 100,000 CUBIC YARDS ☐ EXPORT EXCEEDING  
ZONING RELATED ☐ RESIDENTIAL PLANNED DEVELOPMENT ☐ DEVELOPMENT PROGRAM ZONE  
☐ DENSITY-CONTROLLED DEVELOPMENT ☐ SIGNIFICANT ECOLOGICAL AREA (SEA)  
☐ OFF-SITE SOLID FILL (SEPARATE CUP REQUIRED)  
Specify amount of cubic yards included in this request: Cut: \_\_\_\_\_ Fill: \_\_\_\_\_ Import: \_\_\_\_\_ Export: \_\_\_\_\_  
☐ OTHER CUP: \_\_\_\_\_

4. ☐ OAK TREE PERMIT:  
☐ Encroachment of \_\_\_\_\_ oak trees (\_\_\_\_\_ heritage oaks). ☐ Removal of \_\_\_\_\_ oak trees (\_\_\_\_\_ heritage oaks).

5. ☐ PARKING PERMIT: \_\_\_\_\_

6. ☐ SHARED WATER WELL: \_\_\_\_\_

7. ☐ HOUSING PERMIT:  
☐ Administrative ☐ Discretionary

8. ☐ YARD MODIFICATION: \_\_\_\_\_

9. ☐ CSD MODIFICATION: \_\_\_\_\_

10. ☐ VARIANCE: \_\_\_\_\_

11. ☐ OTHER ENTITLEMENTS: \_\_\_\_\_

12. ☐ OTHER ENTITLEMENTS: \_\_\_\_\_

**8. Previous and Pending Cases (Solicitudes anteriores o pendiente)**


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Project/Case No. \_\_\_\_\_

**12. Lobbyist Statement (Información de un Grupo de Presión)**

The Los Angeles County Lobbyist Ordinance, effective May 7, 1993, requires certification that each person who applies for a County permit is familiar with the requirements of Ordinance No. 93-0031 (Lobbyist Ordinance), and that all persons acting on behalf of the applicant have complied and will continue to comply with the requirements of said Ordinance through the application process.

By my signature below, I hereby certify that I am familiar with the requirements of Ordinance No. 93-0031 and understand that making such a certification, and compliance with this ordinance, shall be conditions precedent to granting the permit requested, license, contract or franchise.

SIGNATURE (BLUE INK):  DATE: 8-1-16

PRINT NAME: ROBERT H. FRIEDMAN CHECK ONE: ☐ Owner ☐ Subdivider ☒ Contact

LOBBYIST PERMIT NO., IF APPLICABLE: \_\_\_\_\_